

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 5, 1999

ALL COUNTY LETTER NO. 99-18

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
☐ Federal Law or Regulation Change
☐ Court Order
☐ Clarification Requested by One or More Counties
☐ Initiated by CDSS

SUBJECT: TRANSITIONAL MEDI-CAL NOTICE TO CalWORKs RECIPIENTS

REFERENCE: ASSEMBLY BILL (AB) 2780, CHAPTER 310, STATUTES OF 1998

The purpose of this All County Letter is to inform counties of new legislation which requires that CalWORKs recipients be informed of the Transitional Medi-Cal (TMC) program upon termination from cash aid. AB 2780 requires counties to provide language regarding the Transitional Medi-Cal program in the notice of action (NOA) messages for termination of cash aid, except in cases where the termination is due to fraud. The bill also requires termination NOAs to be sent with a form summarizing TMC requirements that may be completed and returned to request TMC benefits.

Transitional Medi-Cal Request Form - CW 103

Attachments 1A and 1B provide you with the Transitional Medi-Cal Request form in English and Spanish. This form briefly describes the TMC program and other forms of extended Medi-Cal programs and is designed for recipients to request TMC benefits.

CalWORKs Notice of Action (NOA) Language

Attachment 2 provides you with a listing of the revised Notice of Action forms and Notice of Action messages for termination of cash aid including the applicable TMC informing language.

Forms Designation and Modification of Forms

County Welfare Departments (CWDs) are advised that the forms designation for the CW 103 is "Required Form-Substitute Permitted." CWDs must obtain prior approval from the

California Department of Social Services (CDSS) before implementing a modification or substitution of this form.

Translations and Camera-Ready Copies

For camera-ready copies of English and Spanish forms, call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain various forms and Notice of Form Change (GEN 127) from the CDSS web page at: <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

For all translated messages and Russian and Asian (Cambodian, Chinese, and Vietnamese) versions of forms, call Language Translation Services (LTS) at (916) 654-1282 or CALNET 464-1282. If you need several forms, fax your request to (916) 657-3429 or e-mail your request to lsu@dss.ca.gov. Your forms coordinator now receives all translations as soon as they become available, if your county is on the LTS mailing list. Once you have an established e-mail address, please contact FMU by telephone or e-mail at fmu@dss.ca.gov. FMU will then place you on their e-mail list.

If you have any questions regarding this letter or need additional information, please contact Charissa Miguelino at (916) 657-3665. Questions regarding the TMC program requirements should be directed to Marge Buzdas of the Department of Health Services, Medi-Cal Policy Unit at (916) 657-0726.

Sincerely,
Original signed by
Bruce Wagstaff on April 5, 1999
BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

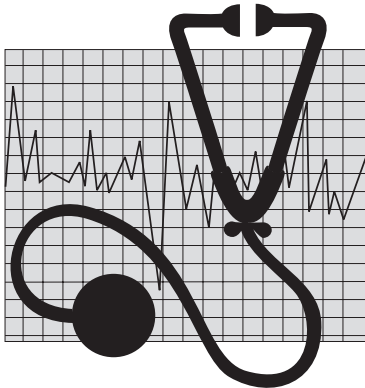
c: CWDA
CSAC

ATTACHMENT 1A - Transitional Medi-Cal Request Form
(English Version)

ATTACHMENT 1B - Transitional Medi-Cal Request Form
(Spanish Version)

TRANSITIONAL MEDI-CAL

MEDI-CAL FOR WORKING PEOPLE



YOUR FAMILY MAY GET FREE HEALTH CARE!

Transitional Medi-Cal (TMC) is for California families who are no longer eligible for CALWORKs cash aid or Medi-Cal for low income families because of earnings from work. All members of the family may still get no-cost Medi-Cal for up to 12 months. Adults may get it up to 24 months.

IMPORTANT FACTS ABOUT TMC AND OTHER KINDS OF HEALTH CARE COVERAGE

If you just got a job or just started to get more money from your job, but your cash aid or Medi-Cal was stopped for some other reason, be sure to tell us about it. To tell your worker about the job or pay raise or self-employment and request TMC, fill out and return the form on the back of this flyer to your county welfare department.

To get the first 6 months of TMC you must:

- have been on CalWORKs cash aid or Medi-Cal for low income families, and
- have a child in the home.

To get the rest of the months of TMC you must also:

- continue to work, and
- earn under a certain amount, and
- report earnings quarterly.

After the first year of TMC, working parents may get 12 more months, for a total of 24 months, and their children may get other Medi-Cal or Healthy Families program coverage.

Twelve months of TMC may also be available if you lose CalWORKs cash aid or Medi-Cal for low income families because you marry or reunite with your spouse. Four months of extended Medi-Cal may be available for families losing CalWORKs cash aid or Medi-Cal for low income families due to increased child/spousal support. **If you want Medi-Cal, we need to know about these changes. Please complete the back of this form.**

If you cannot read this form, ask your worker for a translation:

Spanish:

Cambodian:

Chinese:

Russian:

Vietnamese:

REQUEST FOR EXTENDED OR TRANSITIONAL MEDI-CAL

Did your Medi-Cal or CalWORKs cash aid stop and:

- You have earnings from a job, a business you started, or a pay raise? ☐ YES ☐ NO
- You have started to receive or had an increase in child/spousal support payments? ☐ YES ☐ NO
- You got married or back together with your spouse? ☐ YES ☐ NO

If you answered “**YES**” to any of these questions, you and other family members may still be eligible for Medi-Cal. Complete this form and attach pay stubs or other proof of earnings. If you are self-employed, list business costs on a separate sheet of paper and attach proof of income and costs.

Return this request form to:

If the information you give us is complete and we can tell from your case file that you qualify, we will put you and eligible family members on an extended Medi-Cal program, such as the Transitional Medi-Cal program. If we need more information from you, we will contact you. **Call toll free 1-877-222-9133 for information on Transitional Medi-Cal.**

I declare under penalty of perjury that all information provided is true and correct.

NAME		SOCIAL SECURITY NUMBER	
SIGNATURE		TELEPHONE NUMBER ()	DATE
ADDRESS	CITY		ZIP CODE
SIGNATURE OF WITNESS, INTERPRETER, OR PERSON ASSISTING		TELEPHONE NUMBER ()	DATE

ATTACHMENT 2

The following NA forms and NOA messages are attached:

NA FORMS

NA 960X (1/99) STOP AID; REPORT NOT RECEIVED

NA 960Y (1/99) STOP AID; REPORT INCOMPLETE

NOA MESSAGES

M40-118D (1/99) DISCONTINUE - APPLICATION PROCESSING, MANDATORY FILING UNIT MEMBERS ON STATMENT OF FACTS

M40-157A4 (1/99) DISCONTINUE - REQUIRED DOCUMENTATION, INCOMPLETE CITIZENSHIP/ALIENAGE DOCUMENTATION

M40-181A (1/99) DISCONTINUE - APPLICATION PROCESSING, CA 2 REVERIFICATION/OTHER ESSENTIAL INFORMATION

M40-205 (1/99) DISCONTINUE - REQUIRED DOCUMENTATION, FAILURE TO COOPERATE WITH QC REVIEW

M42-101C (1/99) DISCONTINUE - AGE REQUIREMENT, AGE AND SCHOOL REQUIREMENTS

M42-213F (1/99) DISCONTINUE - PROPERTY, PROPERTY NOT SOLD

M42-221J (1/99) DISCONTINUE - PROPERTY, TRANSFER W/OUT FAIR CONSIDERATION

M42-431A4 (1/99) DISCONTINUE - REQUIRED DOCUMENTATION, NO ELIGIBLE ALIEN STATUS/PROOF OF ELIGIBLE ALIEN STATUS

M43-119C (1/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, NEEDS MET

M43-119H (1/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, MISSING CA 72

M43-119O (1/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, DEEMED SPONSOR'S PROPERTY AND FAMILY PROPERTY

M43-119P (1/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, DEEMED SPONSOR'S PROPERTY

M44-207K (1/99) DISCONTINUE - INCOME, FINANCIAL ELIGIBILITY

M44-211M (1/99) DISCONTINUE - ELIGIBILITY, PREGNANT WOMAN ONLY

M82-820B (1/99) DISCONTINUE - APPLICATION PROCESSING, APPLICATION FOR MANDATORY AU MEMBERS

M82-820C (1/99) DISCONTINUE - AU COMPOSITION, ELIGIBLE CHILD LEFT HOME

M82-820D (1/99) DISCONTINUE - AU COMPOSITION, NO LONGER PREGNANT

M89-130 (1/99) DISCONTINUE - NON-QUALIFIED WITHDRAWAL, RESTRICTED ACCOUNT

M89-201A (1/99) DISCONTINUE - MINOR PARENT, NO APPROPRIATE LIVING ARRANGEMENT OR ALLOWABLE EXEMPTION

REVISIONS TO NOA MESSAGES

- Modified NA forms to also include: "You must return the CW7/SAWS7 if you want to continue to get CalWORKs cash aid. You and your family may still continue to get Medi-Cal if your cash aid stops and: you have earnings from a job, a business you started or pay raise; you have started to receive or had an increase in child/spousal support payments; you got married or your spouse moved back into the home."
- Modified all NOA messages to include: "You and your family may still continue to get Medi-Cal if your cash stops and you have: earnings from a job, a business you started or a pay raise; started to receive or had an increase in child/spousal support payments; married or your spouse moved back into the home (on or before June 30, 1999). Please complete and send in the enclosed Transitional Medi-Cal program (TMC) form."
- Made minor changes to the language to clarify the messages.
- Changed NOA message document numbers due to regulation cite changes. M40-206A revised to M40-205. M89-503 revised to M89-130.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- ☐ Cash Aid
☐ Food Stamps

Here's why:

As of the 11th of this month, the county has not received your monthly report (CW 7 or SAWS 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid.

Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the monthly report, the County will help you to do so. Please contact the County and ask for help.

YOU MUST RETURN THE CW7/SAWS 7 IF YOU WANT TO CONTINUE TO GET CALWORKS CASH AID.

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- you have earnings from a job, a business you started or a pay raise.
- you have started to receive or had an increase in child/spousal support payments.
- on or before June 30, 1999, you got married or your spouse moved back into the home.

Please complete and send in the enclosed Transitional Medi-Cal (TMC) form.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 44-315.9; Food Stamps: 63-504.27, 63-504.3

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- ☐ Cash Aid
- ☐ Food Stamps

Here's why:

The monthly report (CW 7 or SAWS 7) that we got from you this month is not complete.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report by the FIRST WORKING DAY OF NEXT MONTH. You must send or bring in the following information:

- ☐ Complete the circled items on the enclosed report, and send or bring it to your worker.
- ☐ Send or bring to your worker the following:

The information you give us may change or stop your cash aid.

YOU MUST RETURN THE ENCLOSED CW 7/SAWS7 IF YOU WANT TO CONTINUE TO GET CALWORKS CASH AID.

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- you have earnings from a job, a business you started or a pay raise.
- you have started to receive or had an increase in child/spousal support payments.
- on or before June 30, 1999, you got married or your spouse moved back into the home.

Please complete and send in the enclosed Transitional Medi-Cal (TMC) form.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22, 40-181.24, 44-315.9: Food Stamps: 63-504.27, 63-504.3

☐ Food Stamps – Additional Information Needed

In addition, you must give the county the following information so the amount of your food stamps can be figured. You must get this information to the county by the first working day of next month. If you were asked for proof of an expense and you do not give it, the expense will not be allowed. Also, if you do not give the County other information asked for, your food stamps may be decreased or stopped.

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the monthly report, the County will help you to do so. Please contact the County and ask for help.

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105, 40-118, 40-128,
82-820

Use Form No. : NA 290
Original Date : 08-01-91
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You did not include the following person(s) on the Statement of
Facts:

_____, _____.

The deadline to submit the Statement of Facts has past. If the form
has been completed, call your worker right away.

You and your family may still continue to get Medi-Cal if your
cash aid stops and you have:

- earnings from a job, a business you started or pay raise.
- started to receive or had an increase in child/spousal
support payments.
- married or your spouse moved back into the home (on or
before June 30, 1999).

Please complete and send in the enclosed
Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue a case when the filing unit fails or refuses to include mandatory filing unit members
on the applicable Statement of Facts.

In the action line, enter the date of the discontinuance. On the appropriate line, fill in the person's name.

This message replaces M40-118D dated 8-1-91.
file : cmigueli/MSERIES/40118D

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105, 40-157.3

Use Form No. : NA 290
Original Date : 03-01-89
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We needed a certification that you and your family are citizens or aliens. You did not complete or sign:

☐ SAWS 2 (Statement of Facts).

☐ Other:

If the form has been completed, call your worker right away.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed
Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue cash aid for a family when they become ineligible for failure to sign or complete a declaration of citizenship/alien status(SAWS 2).

Check the appropriate box.

This message replaces M40-105A4 dated 3-1-89.

file :cmigueli/MSERIES/40157A4

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105.1, 40-181.2; .311

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We needed certain facts to check your
eligibility. We asked you to: _____

_____.

You did not do this.

You and your family may still continue to get
Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue cash aid when necessary evidence/information required during redetermination, or that is essential at another time is not provided. Specify what the recipient was required to do and the additional regulation cites.

Example: "We asked you to fill out a CA 25A, Payee Consent Agreement and return it by November 7." 89-201.42

This message replaces M40-181A dated 11-01-96.

file :cmigueli/MSERIES/40181a

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-205, 40-207.1

Use Form No. : NA 290
Original Date : 09-01-88
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

Without a good reason, you failed to:

- ☐ Meet with a Quality Control reviewer to check your eligibility.
- ☐ Sign a form to let us check on some items in your case.
- ☐ Other:

If you do not cooperate, you cannot get aid until _____ and must reapply for aid.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue a case when the County makes a determination based on adequate case documentation that a recipient failed or refused to cooperate without good cause in a quality control review.

In the action line, enter the date of discontinuance. Check the appropriate box(es).

This message replaces M40-206A dated 9-1-88.

file :cmigueli/MSERIES/40205

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-101

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You have no eligible children living with you.

The child who was getting cash aid no longer meets all parts of the age rule.

Age Rule: An 18-year-old child can get cash aid only if:

- 1) He/She is a full-time student in high school, or in a vocational or technical training program, and
- 2) He/She is expected to finish school before reaching age 19.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue when the only child turns 18 and/or does not meet the age requirement(s).

This message replaces M42-101C dated 6-20-86.

file :cmigueli/MSERIES/42101C

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-213.12

Use Form No. : NA 219
Original Date : 06-20-86
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You own property that is worth more than the \$_____ limit. We must use the value of all the countable real property you own other than your home. The value of this property now counts against you.

Your countable property is figured on this page.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue cash aid when the real property is now accessible to the recipient and must be counted in the property limits.

This message replaces M42-213F dated 07-01-98.

file: cmigueli/MSERIES/42213f

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-221.1, .2, .3

Use Form No. : NA 214
Original Date : 11-06-86
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You had property that you sold, traded or
gave away without getting fair market value for it.

Because you got less than the fair market value,
you are not eligible for a number of months.

The number of months are figured on this page.

You and your family may still continue to get
Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you
started or a pay raise.
- started to receive or had an increase in
child/spousal support payments.
- married or your spouse moved back into
the home (on or before June 30, 1999).

Please complete and send in the enclosed
Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue cash aid when the recipient transferred
property for less than fair consideration for the market value.

This message replaces M42-221J dated 07-01-98.

file: cmigueli/MSERIES/42221j

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-431, 42-433.3

Use Form No. : NA 290
Original Date : 03-01-89
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You must be a citizen or eligible alien
to get aid.

☐ You are not an eligible alien because
_____.

☐ You did not give us proof of alien status
for _____, _____.

You and your family may still continue to get
Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed
Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue cash aid for an Assistance Unit when AU members either lack eligible alien status or lack proof of eligible alien status.

In the action line, enter the date of discontinuance. Complete the appropriate box.

This message replaces M42-431A4 dated 5-31-91.

file :cmigueli/MSERIES/42431A4

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You are a sponsored non-citizen and your sponsor says he/she can pay for your needs.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form.**

INSTRUCTIONS: Use to discontinue a sponsored non-citizen's case when the sponsor can meet the needs for the sponsored non-citizen.

This message replaces M43-119C dated 01-01-98.

file: cmigueli/MSERIES/43119c

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 40-181.241(h), 40-181.25

Use Form No. : NA 290
Original Date : 05-10-82
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

As of the 11th of this month, the county has not received your Sponsor's Monthly Income and Resources Report (CA 72). You cannot get cash aid if you do not turn in this report.

The County must get your complete report no later than the first working day of next month.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form.**

INSTRUCTIONS: Use to discontinue cash aid for a sponsored non-citizen's case when the county has not received the CA 72.

This message replaces M43-119H dated 1-1-98.

file: cmigueli/MSERIES/43119h

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 42-205.5

Use Form No. : NA 216
Original Date : 05-10-82
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We count part of the property of the sponsor and sponsor's spouse in figuring your eligibility and cash aid.

You are not eligible for cash aid because the countable property of the sponsor(s) and your countable property is worth more than \$_____.

The property is figured on this page.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue a sponsored non-citizen's case when the sponsor's property along with the sponsored non-citizen's property has made the sponsored non-citizen ineligible.

This message replaces M43-119K dated 07-01-98.

file: cmigueli/MSERIES/43119o

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 42-205.5

Use Form No. : NA 216
Original Date : 05-10-82
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We count part of the property of the sponsor and sponsor's spouse in figuring your eligibility and cash aid.

You are not eligible for cash aid because the countable property of the sponsor(s) is worth more than \$_____.

The property is figured on this page.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form.**

INSTRUCTIONS: Use to discontinue a sponsored non-citizen's case when the sponsor's property has made the sponsored non-citizen ineligible.

This message replaces M43-119L dated 7-1-98.

file: cmigueli/MSERIES/43119p

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.2, W&IC 11450.12(b)

Use Form No. : NA 210
Original Date : 05-01-87
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You cannot get cash aid if your family's net countable income is more than the maximum aid payment set by the state.

Your family's needs and income are figured on this page.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue cash aid when the family's income (AU + Non-AU members) is more than MAP.

This message replaces M44-207K dated 06-01-98.

file: cmigueli/MSERIES/44207k

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-211.6

Use Form No. : NA 290
Original Date : 09-01-96, New
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

Cash aid for pregnant women, with no other eligible children, is paid only to assistance units with:

o a pregnant teen under age 19 who does not have a high school diploma (or its equivalent); OR

o a woman who is in her last four months of pregnancy.

_____ got her high school diploma (or its equivalent).

_____ turned age 19.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use this message to discontinue PWO teen cases that graduate or turn age 19 prior to their third trimester.

This message replaces M44-211M dated 09-01-96.

file: cmigueli/MSERIES/pg.44211m

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-118, 82-820.2

Use Form No. : NA 290
Original Date : 08-1-91
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You must apply for:

- ☐ All of the brothers, sisters, half-brothers and half-sisters under 19 living with the child you want aided. You must also include those children's parents who live with you.
- ☐ Both the caretaker relative and the second parent, if living with an SSI/SSP child and the caretaker relative asks to be aided.
- ☐ The caretaker relative and the second parent, if living with a child who is sanctioned by the CalWORKs Welfare-to-Work Program.

You did not apply for:

_____, _____.
(Name) (Name)

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started, or a pay raise.
- you started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form**.

INSTRUCTIONS: Use to discontinue a case when a mandatory AU member moves into the home or a child in the home becomes eligible (e.g., parent becomes unemployed) and the family fails or refuses to request aid for the person. In the action line, enter the date of the discontinuance. In the body of the message, check the appropriate box. On the appropriate line, fill in the person's name.

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820.2

Use Form No. : NA 290
Original Date : 08-1-91
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You no longer have a child living with you.

To get aid, you must have a child living with you who is:

Eligible for cash aid, or

Getting Supplemental Security Income (SSI), or

Getting foster care, or

Being sanctioned by the CalWORKs Welfare-to- Work Program.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue CalWORKs case when there is no longer an eligible or otherwise eligible child in the home. In the action line, enter the date of the discontinuance.

This message replaces M82-820C dated 05-01-98.

file: cmigueli/MSERIES/82820c

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820, 40-118, 44-205.6

Use Form No. : NA 290
Original Date : 08-01-91
Revision Date : 01-01-99

MESSAGE:

As of _____, the county is stopping your cash aid.

Here's why:

You are no longer pregnant.

You have not applied for cash aid for your newborn or any eligible child.

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed

Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue a one-person AU at the end of the pregnancy when there is no newborn; the newborn is not eligible; and/or there is no other eligible child. In the action line, enter the date of discontinuance.

This message replaces M82-820D dated 8-1-91.

file: cmigueli/MSERIES/82820d

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-130 (g), (h), (i)

Use Form No. : NA 290
Original Date : 01-01-94
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your
cash aid until _____.

Here's why:

- ☐ You got money from your restricted
account. Then, within 30 days of the
time you got the money, you didn't:
 - ☐ Spend the money.
 - ☐ Put back into the account the part
of the money that wasn't needed for
your allowable expense.
 - ☐ Give the County proof of the amount
you took out of the account.
 - ☐ Give the County proof of the balance
in the account before you took out
the money.
 - ☐ Give the County proof of what you
did with the money.
- ☐ You got money from your restricted
account and spent some or all of it on
expenses that are not allowed.
- ☐ Interest was paid out on your restricted account.

If any boxes above are checked, it is because
you were late and missed a deadline. To stop
this county action (and restart your cash aid
before the end of the time period), you must
prove to the County that you had a good
reason for being late. Let your worker know
right away.

1. Restricted Account(s) Total..... \$ _____
2. Spending Allowed..... - _____
3. Subtotal..... = _____
4. Basic Need, ____Persons..... \$ _____
5. Special Needs..... + _____
6. Basic Need Subtotal..... = _____
7. Period of Months..... = _____

Original Date : 01-01-94

Revision Date : 01-01-99

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form**.

INSTRUCTIONS: Use to discontinue cash aid and apply penalty period when there has been misuse of a restricted account. Fill in the effective date of the discontinuance. Fill in the date of the end of the period of ineligibility. Check the applicable box(es). Print the computation on the right hand side of the NA 290 and fill in the computation section.

This message replaces M89-503 dated 01-01-98.

file: cmigueli/MSERIES/89130

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-201.1; .2

Use Form No. : NA 290
Original Date : 11-01-96, new
Revision Date : 01-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

To be eligible for cash aid when you are pregnant or a parent, and under age 18, the rules say you must either live with one of these persons:

- o your parent(s)
- o your legal guardian
- o an adult caretaker relative
- o a state-licensed group home
- o a state-licensed maternity home.

-OR-

you must meet one or more of the exemptions:

- o your parent(s) or legal guardian are/is dead
- o you do not know where your parent(s) or legal guardian are/is living
- o you are not allowed to live with your parent(s) or legal guardian
- o it is not safe for you or your child to live with your parent(s), legal guardian or adult caretaker relative
- o you have lived apart from your parent(s) or legal guardian for at least 12 months
- o you are legally emancipated

Right now you do not meet either of these rules.

Original Date : 11-01-96

Revision Date : 01-01-99

You and your family may still continue to get Medi-Cal if your cash aid stops and you have:

- earnings from a job, a business you started or a pay raise.
- started to receive or had an increase in child/spousal support payments.
- married or your spouse moved back into the home (on or before June 30, 1999).

Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form**.

INSTRUCTIONS: Use to discontinue cash aid when the minor parent is either no longer living in an appropriate setting or he/she no longer meets one of the exemption criteria. Fill in the date the county is stopping cash aid.

This message replaces M89-201A dated 11-01-96.

file: cmigueli/MSERIES/89-201a